0868: A NEW NATIONAL INTRODUCTORY SIMULATION BASED COURSE FOR ST3 LEVEL CARDIOTHORACIC SURGICAL TRAINEES

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Aim: Surgical trainees commencing higher training now are younger and less experienced than their early 21st century counterparts. Our aim was to establish a national introductory course for all cardiothoracic surgery registrars appointed to start training in 2012.

Methods: The course was designed using the Kern model of curricular development and simulation based training was the adopted educational strategy. All potential course delegates were surveyed pre and post course regarding aspects such as the desire for a course, attendance and content.

Results: Pre-course, 75% of trainees wanted an introductory course and 80% stated they would attend. In October 2012, the first national introductory cardiothoracic surgery ST3 level course was held. It was attended by over 90% of newly appointed trainees. The course was rated as invaluable by 83% of attendees.

Conclusion: The new introductory course for cardiothoracic trainees was a success with high attendance and positive feedback. Empowered by positive feedback from participants and faculty, the future aim is to institute the course as an annual fixture for all ST3 level cardiothoracic trainees. Also, it is hoped that the course's model could be used by other surgical specialties to create their own introductory courses.

0870: SURGICAL SAFETY AND THE INTRODUCTION OF A MODIFIED SURGICAL SAFETY CHECKLIST. YEI CIVIL HOSPITAL, SOUTH SUDAN

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Aim: To assess, improve and standardise surgical safety in Yei Civil Hospital.

Method: Surgical safety factors, outlined in the WHO's 'Safe Surgery Saves Lives' guidelines, were measured for a period of eight weeks on fifty-seven general surgical procedures performed on patients prior to and post introduction of a surgical safety checklist author-modified to take into account local challenges. Challenges included the resource-poor environment and lack of documentation, staff and training.

Results: Individual performed surgical safety factors outlined in the checklist rose from 0-1% of procedures pre-checklist to 80% post checklist. Procedures having confirmation of name and site rose from 0% pre-checklist to 91% post-checklist, discussion of potential complications between the surgical and anaesthetic team rose from 3% to 82%, completed swab counts rose from 0% to 93% post-checklist introduction. 40% of procedures had a fully completed checklist.

Conclusions: Through the creation of a modified surgical safety checklist designed to meet local challenges such as South Sudan's extremely resource-poor environment, key features essential for safe structured surgery such as confirming the patient's name, confirmation of the operative site and completion of swab counts that were not practised previously were now being used regularly and routinely within Yei Civil Hospital.

0874: ASSESSMENT DRIVES LEARNING, BUT WHAT DRIVES ASSESSMENT?

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Workplace-based assessments (WBAs) have become integrated into surgical training across the UK. The number required for satisfactory progression differs between deaneries, varying between 36 and 120 per year. This review was performed to determine the evidence for the use of WBAs and the number required to determine competency.

A systematic electronic literature review of Medline, Embase and Cochrane was performed. Studies assessing the use of WBAs and their reliability, feasibility, and educational impact in surgical training were assessed.

The majority of evidence on WBAs is based on the use of mini-CEXs. There is compelling evidence that twelve mini-CEXs per year provide a valid appraisal of trainee's competency. There is lack of evidence regarding the actual number of other assessments required to demonstrate competency. The evidence regarding mini-CEXs relates to their use as a summative tool, with little evidence regarding their use as a formative process.

There is good evidence under-pinning the use of twelve mini-CEXs per year as a summative tool. However, there is lack of evidence regarding their use as a formative tool. Additionally, there is a paucity of evidence regarding the use of other forms of assessment as well as the numbers required to demonstrate competency.

0877: THE POSITIVE EFFECT OF A PEER LED WEB-BASED LEARNING RESOURCE ON POST-GRADUATE SURGICAL TEACHING IN A DISTRICT GENERAL HOSPITAL

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Aim: Web-based learning resources are becoming an increasingly integral part of medical education while peer led teaching is also considered a useful teaching tool. This study aims to demonstrate the effect of combining these approaches to medical education.

Method: Junior doctors were invited to join and use a newly developed peer designed we-based learning resource. Two months after the introduction of the website the same juniors were asked to complete questionnaires to evaluate its use and effectiveness in aiding and improving surgical education at the institution.

Results: This article describes the development a web-based learning resource that's content was controlled by both teachers and learners. The result was a comprehensive learning resource containing a range of learning tools from a variety of sources. 19/23 questionnaires were returned completed. Of these 84% (16/19) reported using the resource regularly and 53% (10/19) reported having added content. 95% (18/19) found the resource had improved their learning opportunities and 89% (17/19) thought that peer led teaching had improved since it's introduction.

Conclusion: Junior surgical team members have enthusiastically embraced the development of a web-based peer led learning resource that has improved the perceived quality of surgical education.

0916: SIMULATION IN SURGICAL TRAINING: WHERE ARE THE TRAINERS?

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Aims: We explored current experiences of and attitudes towards simulation in surgical training, with focus on the role of consultant trainers in simulation training delivery.

Methods: Core and higher trainees and consultant trainers across all surgical specialities in South Yorkshire were invited to complete an electronic survey detailing experiences of and attitudes towards simulated training. Statistical analysis was conducted using SPSS.

Results: Responses from 32/54 (59%) CSTs, 54/131 (41%) HSTs and 65/238 (27%) consultants, covering all ten surgical subspecialties, were received. Simulation was felt necessary to develop skills by a majority, and trainees at all stages found simulation useful. Of 48% consultants who have SPA time for training and education, only a quarter knew how to access simulation facilities, and 82% rarely or never participate in simulated skills training. 68% of consultants were unaware of the existing CST surgical skills teaching programme. There was greater enthusiasm amongst HSTs, compared with consultants, to train CSTs on simulators (98% v 54% $P<0.0001$).

Conclusions: While simulation is seen as beneficial by all trainees, restricted access and a lack of dedicated time for simulation training remain problematic. Consultant trainer engagement is crucial for successful integration of simulation into surgical curricula.

0919: PERCEPTIONS ON FEEDBACK FROM SURGICAL TRAINEES AND TRAINERS IN THE LONDON DEANERY: A QUESTIONNAIRE BASED PILOT STUDY

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Aims: Surgical training has seen dramatic changes in recent years. The introduction of Workplace-Based Assessments (WBAs) has divided opinion amongst the surgical community. A questionnaire was developed to look at the role of WBAs and establish if surgical trainers and their trainees share perceptions on their use.

Methods: Questionnaires were sent to all CT1 and CT2 surgical trainees in the London Deanery (36 responses) and to their Educational and Clinical Supervisors (23 responses).